

# INTERNATIONAL STUDENT PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Student Health Service  
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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)  
Date of Exam \_\_\_\_\_ (mm/dd/yyyy)

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP /	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS
<b>Appearance</b> <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
<b>Eyes/ears/nose/throat</b> <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
<b>Lymph nodes</b>		
<b>Heart</b> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>		
<b>Pulses</b> <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Genitourinary (males only)</b>		
<b>Skin</b>		
<b>Neurologic</b>		
MUSCULOSKELETAL		

Healthy and able to participate in a study abroad program.

Recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician (print/type) \_\_\_\_\_

Address \_\_\_\_\_

Signature of Physician \_\_\_\_\_